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GERHARD ON TYPHUS FEVER.

[THE last number of the American Journal of the Medical Sciences contains a very interesting and valuable article on the typhus fever which occurred in Philadelphia in the spring and summer of 1836, by W. W. Gerhard, M.D., one of the Physicians of the Blockley Hospital. From the more practical part of Dr. G.'s paper, we make a few extracts.]

*Prognosis.*—We inferred with considerable certainty that a patient would recover who was admitted at the early stages of the affection, and whose constitution was not broken down by previous diseases or excesses. The event generally justified this opinion, as the results of the treatment will prove. Typhus, therefore, is not a very mortal disorder, although always dangerous. It is scarcely more fatal than dothineritis or pneumonia. When the stupor was extreme, so severe as almost to amount to coma, the prognosis was nearly always fatal; but if the stupor could be diminished, although only for a short time, by rousing the patient or addressing him in a loud tone of voice, the fever might be expected to terminate favorably.\* We could not trace a close connection between the degree of subsultus, or the alteration of the senses or sensibility, and the danger of the disease. The affection of the lungs was generally moderate, and was therefore omitted in our calculations; still, decided pneumonia became a grave complication, and evidently proved fatal to one of our patients. The prognosis was extremely unfavorable if the prostration, which is so frequent in the latter stages of the disease, happened to occur at the beginning, or during its course, before the complete abatement of the fever.

The prognosis was different at various periods of the epidemic. The same rule extended to typhus as to cholera, and other epidemics of malignant disease. At the beginning the cerebral symptoms were more violent than they were afterwards, and our prognosis was grave, in accordance with the great mortality which then occurred. But afterwards, when the fever was less extended, it also became a less mortal disease, and we anticipated the recovery of the patient in nearly every case. This rule of prognosis should therefore not be overlooked by those who may witness similar epidemics; if they are limited and short, the success of treatment will seem very great; but if their form be more violent, a fatal termination may be expected in a considerable proportion of patients.

That typhus is clearly a contagious disease, was fully proved in the epidemic of 1836 at Philadelphia. Its contagious property is also admitted by most authors who have accurately observed the same disease. We must therefore immediately take precautions for the complete separation of typhus patients from those affected with other diseases. If the number of typhus cases be small, these precautions need not be so strictly enforced; and may be limited to the free ventilation of the ward and the preservation of absolute cleanliness. The contagious principle does not extend far from the individual, and is readily dissipated by free ventilation. The chlorides of lime and soda were used freely about the bed of the patient; and although they certainly did not prove substitutes for fresh air, they were useful, and the chlorine in a great degree neutralized the offensive exhalation from the patients. We need not add that the friends of the patient should be excluded from his apartment, except as many as may be required for the necessary services to the sick. This exclusion is necessary to prevent the propagation of the disease, and preserve the air of the room in purity.

In practice we should remember these precautions; and although at the time, typhus may not exist, practitioners throughout the country should recollect this necessity. For partial epidemics of petechial typhus will undoubtedly again occur; and if they are not managed with the necessary care, the disease may extend to a large number of patients who would otherwise have escaped. We are the more earnest in calling the attention of the profession to this subject, as the disputes relative to the contagion of yellow fever have certainly unsettled the minds of many physicians on the subject of contagion in febrile diseases. But as we possess clear demonstrative evidence of the direct contagion of petechial typhus, it would be both absurd and criminal to neglect the appropriate hygienic measures.

The treatment which was usually pursued by us, may be learned from a study of the remedies already indicated; but as their separate examination tends to break up the connection of this description, we will state in a few words what treatment we thought preferable under ordinary circumstances. At the beginning local blood-letting will diminish the cephalalgia or other local uneasiness which may chance to exist; general bleeding is to be used only as an occasional treatment; afterwards the patient should be kept upon a mild farinaceous diet, with a little animal broth. The heat of the surface is to be moderated by cool or tepid sponging, preferring a solution of chloride of soda to simple water. The effervescing draught and other mild beverages may be taken as a common drink, more stimulating diaphoretics if the strength of the patient should fail; wine and other stimulants should be given when the prostration is great; and quinine, with a concentrated diet, should be added when the fever subsides, and the skin becomes cool. Emetics, purgatives and blisters were found useful occasional prescriptions, adapted to the removal of particular states of the system, but did not answer our expectations as a general method of treatment.

The mortality amongst the cases which were treated by us from the beginning was not great; but the total loss of patients admitted at ad-

vanced periods of the disease, many of whom were moribund, was very considerable, about one in three. The best means of judging is to examine the mortality amongst the officers and servants of the house who happened to be taken with fever while in a good or tolerable health. Of these patients two died, making about one in seven. Of the two who died one was paralytic, enfeebled and advanced in years; the other was a young woman in good health, but was affected at the beginning of the epidemic, when the disease was very severe, and our notions of the treatment were not so definite as they afterwards became. The mortality is not then great, under favorable circumstances; but is very large when neglect, bad food, crowded apartments, a broken constitution, and above all, a severe form of the epidemic, are combined.

The duration of this disease, after it was fully formed, varied from eleven to twenty-eight days. In a few cases it was protracted for a still longer time, but these cases were complicated with an accidental lesion, developed during the course of the fever, and lasting after the latter had completely disappeared. The average duration, exclusive of the cases which terminated in death or in sloughing of the depending parts, or disease of the chest, was nineteen and a half days. About one half the cases terminated at or very near the twentieth day (from 19th to 21st inclusive). In the cases which lasted less than the average time, most of the patients were below the age of twenty years, so that youth not only diminishes the danger of typhus but shortens its duration. After twenty the duration of the disease did not seem to depend upon the age of the patient.

The duration of the cases which entered at an early period of the disease was less than that of those admitted after the first week. Whether the longer duration of the latter cases depended upon the want of care and previous bad treatment, or whether the cases admitted at the later periods of the fever were selected in consequence of their not recovering so rapidly as other patients, cannot be rigorously demonstrated. We believe much of the difference arose from the absence of medical attention and the necessary comforts of life, as many of these protracted cases were evidently slight, but they were nevertheless prolonged beyond the average duration.

The general conclusions with respect to the power of treatment, are, that though it cannot cut short the petechial typhus after the disease is formed, it may shorten the duration, diminish the mortality, and mitigate the severity of the symptoms.

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#### IDENTITY, SLEEP AND DREAMING.

(Concluded from page 17.)

In considering the bearing which the late case of somnambulism has on other mental affections, it is necessary to recal to mind the following phenomena which the patient exhibited while in the paroxysm.

- 1st. Great diminution of external sensation.
- 2d. Great activity of memory, and of imagination.

3d. Mistaking the suggestions of memory and imagination for realities.

4th. Excepting, however, those facts, which memory recalled from former paroxysms.

That these phenomena depended on the condition of the brain, is evident from the consideration, that had they depended on consciousness, no reason can be assigned why it could draw facts from a previous period, without drawing the conclusion of its own pre-existence in connection with those facts. When it is considered, also, that this mental affection had just been preceded by inordinate locomotive activity, and a still more wonderful increase of external sensibility, known functions of the nervous system, both of which were now nearly inactive, there can be no hesitation in referring the whole to that part of the brain by which the internal acts of consciousness are carried on.

The wonderful acuteness of memory, of wit, judgment, in short the increase of all mental actions, unite, with analogical inference from the previous increased power of the perception of sensation and of locomotion, in showing that the peculiar condition of the brain present, was one of exalted irritability.

But though the condition of the brain was one of exalted irritability, its mode of activity, instead of being altered by it, was merely modified, some parts being left out, in consequence of this increase of irritability. Reasoning, memory, impulsion, took place according to the laws of suggestion and combination, within certain limits, as regularly as in the natural state. This will be understood by taking into view some of the facts that consciousness reveals to us.

When a new idea enters the mind, whether from sensation, from memory, from imagination, or judgment, the mind is exercised in one of two ways; as it believes it true and in reality present, or as it doubts of its truth and present reality. In the first case, it is affected by it in relation to its consequences; in the second, it acts to learn its truth or falsehood as a preparatory step to following it out to its consequences. Now it was this preliminary process that was the only thing wanting in all the above instances. After making allowance for this, everything went on, in train, as harmoniously as in the waking state.

We can account for the loss of this process in no other way than by supposing, either that the brain was unable to pass through the consecutive changes necessary for the train of ideas, which so modify the first idea, as to give the impression of its truth or falsehood, or that the suggesting principle was itself wanting, to excite its activity in that mode. The fact, however, that the brain executed the first process in remembering and justly estimating in subsequent paroxysms what took place in previous ones (the irritability being then the same as natural, relative to those paroxysms, and less compared with the increase from that of the natural state, to that of either paroxysm), is a sufficient proof of its ability to perform the process when the conditions were favorable; so that the question resolves itself into the inquiry, what was the nature of the suggesting principle which alone was wanting to excite the mind in the train necessary to correct its ideas? or, rather, what was the state



of the brain that rendered it indisposed to pass through its wonted phases corresponding to that train of ideas?

There is abundant reason to believe, that the medium by which the mind judges of the truth and reality of an idea, is the degree of impression which it makes on the brain. We are all conscious that we give our assent at once to the ideas excited by external sensation, as well as intuition. Those ideas appear vivid, and complete. They arrest the attention, and fix it wholly upon themselves. The mind rests upon them, as it were. The brain momentarily ceases its action. But the ideas of memory or imagination are indefinite or incomplete. And it is this sensation of indistinctness which distinguishes them as ideas of memory or fancy, and suggests to the mind the propriety of inquiring into their truth and present reality. This is done by calling up other ideas calculated to modify the original one, and give to the mind the power of estimating its true relation. Yet, by an effort of consciousness, we can so fix the mind upon the contemplation of that single idea, that it will appear as a reality. Hence the conceptions of the poet and the painter. Their greatness depends on the power which they have of creating an imaginary world from the reminiscences of the past, or the visions of the future, and setting aside all suggestions calculated to weaken confidence in its reality; of dwelling in it, as it were, and of employing themselves in delineating its features, or tracing the effect of its varied scenes on their feelings and passions, without losing the thread which binds them to their former selves, and to the real world which they inhabit in common with us. The frequent instances of mental derangement found in these two professions, depend on this form of mental occupation, conducted without sufficient care to preserve their actual relations inviolate. Habit gives to the imaginary world the preponderance over the real world; the visions of memory or fancy become more vivid, and make a stronger impression on the mind, than those of sensation and intuition, until finally they are mistaken for realities, and give rise to numberless illusions.

How can we account for this effect, but by supposing the brain to have acquired a morbid irritability of acting relatively to that mode of activity, by continued repetition of passing into the same states for the impressions of memory and imagination, which belong to it for those of sensation and intuition alone?

All the forms of monomania are but one continued illustration of this principle. And if I do not follow them out in this connection, it is because the pages of a Journal whose design is practical, admits of little room for disquisitions of this kind. Spectral illusions, also, contribute to the same effect.

If, again, we suppose the brain to become preternaturally irritable in all its modes of activity, it is easy to explain how it is, that in some insane persons, exaggerations, spectral illusions, deceptions, mistaking one person or thing for another, occur simultaneously. The slightest resemblance or analogy acting through the nerves of sensation or reflection, and by law of association, suffices to throw the brain into the same state from which it formerly transmitted to consciousness the same ideas that

now occupy the mind. It is useless, and worse than useless, to attempt to remove these false impressions by argument, for the mind is impressed with the idea as much as in the healthy state it ever can be with a visible object. To argue with such a person is, therefore, like undertaking to persuade a sound man out of the evidence of his senses.

In like manner, in the case before us, by supposing that the reflecting portion of the nervous apparatus had acquired the same intense degree of irritability, which was manifested but a short time before in the sensitive and locomotive portions respectively, we have a single cause which at once explains satisfactorily all the phenomena attending the state of somnambulism. The faint impressions of memory and imagination acted on a surface of highly increased sensibility, and the result was increased vividness, completeness, distinctness, in short, a state of the brain precisely the same as when the idea recalled was first presented to the mind, or the idea imagined appeared as a conclusion of reason, and left no motive, nor occasion, to make any inquiries in relation to its truth.

We are also led to infer that there is a sort of circulation of an influence throughout the nervous system, subject to local determinations, like the circulation of the blood in the vascular system; and whether it is considered of the nature of the galvanic fluid, or something that never exists but in connection with life, it was to the irregular distribution of it that all the phenomena must be referred, inasmuch as it gave to the particular portions of the nervous apparatus that increase of irritability which the increase of their functions manifested.

It may not be gratuitous to observe, further, that the order in which these different portions of the nervous system were affected, was the same in which they are accustomed to lose their irritability in the change from the waking to the sleeping state, viz. volition, sensation and reflection; and, to hazard a speculation, that the whole series of phenomena, from the commencement of convulsions to the close of talking, was but an irregular process of going to sleep—the nervous influence, instead of flowing *gradually* and *partially* from the circumference to the centre, being propelled *suddenly* and *totally*, with such momentum as to occasion a reflux back again. But the flow and reflow progressively diminishing, after each centripetal direction, from being enabled to reach, at first, the nerves of *volition*, in the second place the nerves of *sensation*, in the third the nerves of *reflection*, occasioning in an intense degree the phenomena of each of these systems, it finally passed from the functions of animal life altogether, terminating in profound sleep. The regularity which was manifested in the recurrence of these phenomena, the suddenness of the transition from one state to the other, the excessive torpor of those systems not immediately exercised, could not but suggest this hypothesis to an impartial observer; while the phenomena of nervous, intermittent and convulsive diseases, mania, epilepsy, apoplexy, hysteria, &c., more or less concur in support of it.

His mistake in regard to the appreciation of time, is accounted for from the rapid succession of ideas in his mind—our estimate of time being founded on the number of ideas which pass through the mind in a given period.

I shall conclude these observations, by offering the following conclusions to which they lead, as answers to the questions first proposed

1. Personal identity was lost from the sudden suspension of consciousness, and its revival occurring in a state when the suggestions of memory were taken for realities, no clue could be afforded by which it could be recovered in the usual way after sleep.

2. All the phenomena are referable to an increase of irritability, in that portion of the nervous structure appropriated to the performance of the intellectual and moral acts.

3. It differed from sleep, in one part of the functions of animal life being exercised with unusual activity and power, while the rest were more torpid than usual in sleep.

4. It differed from dreaming, in nothing except occasionally giving utterance to thoughts passing in the mind.

5. It differed from all the forms of mania, in the suspension of sensation and volition.

6. A legitimate inference, unless facts can be urged in direct contradiction to it, from comparing all the circumstances, is, that that intense irritability, which gave to the impressions of memory and imagination the vividness of reality, was a less degree, or a transfer of that, which gave to the faintest impressions of light the power of exciting distinct vision, to ordinary impressions a dazzling effect, and to volition a wonderful energy, activity and harmony of combination, in muscular action; and consequently the laws which regulate the operations of the mind must be sought for in conjunction with those of sensation and volition.

B. D. H.

Since the above was sent to the office of the Journal, the writer took up the No. of the British and Foreign Medical Review for April last, in which is a letter from Dr. Marshall Hall, setting forth his claims to the discovery of what he calls the reflux function of the nerves. This reflux function seems to be, according to Dr. Hall, a power in the nerves when irritated to excite motions in the muscular system, independent of sensation or volition. The view opposed to this, drawn from a comparison of similar facts by the reviewer of his work, by Cuvier, and by Professor Dunglison, is expressed by the latter in his work on physiology, as follows. "That volition" (and of course sensation) "is seated chiefly in the brain, but that an obscure volition may, perhaps, extend over the whole spinal axis." Cannot the facts be better explained, and the opinions reconciled, by considering what has been termed volition as a sensation, and muscular motion independent of both? that it is not because the mind *feels* a desire or will to move, or to call up a certain idea from memory or imagination, that motion or thinking is exercised, but because the state of the brain or nervous system in which that sensation is felt is the one which predisposes, by nature or education, to the subsequent mental or muscular effort?—the sensation itself being superadded, though from the habit of always observing it precede the act, we are deceived into the belief that it is the cause. Paralysis, consequent on disease of the brain, may arise from two causes; 1st, from the brain becoming so impaired in its general structure as to be

incapable, when operated upon by motives, of passing through the successive changes preliminary to the state expressed by volition; 2d, from incapacity to transmit its stimulus to the system of voluntary nerves. The general paralysis of insane people is an example of the first; hemiplegia, of the last. The system of voluntary motion has its laws, independent of the brain and of other agents; and while its excitability remains, it acts according to those laws, whether stimulated by the brain, by galvanism, or any irritant.

The argument for necessity by Collins, Edwards, and Locke, adapts itself happily to this view. That education increases the size, improves the powers and functional actions of the brain, few will deny. And it is universally admitted that the brain is the seat of the disease in mental derangement. The constant feature present in this disease, and the only constant one, is want of control. The meaning of which is, that there is a loss of balance between the effect of motives that excite to a given action and of ideas that suggest their consequences, and that joint effect of other motives tending to restrain the action of the first, and other ideas tending to modify the second, and enable us to judge of their truth if suggested by imagination, and of their present reality if suggested by memory. In all cases of excitement the former preponderate over the latter, producing exaggeration and perversion; in imbecility, the latter, producing inconclusiveness, doubt, and hesitation. This, I believe, is susceptible of proof; and the only rational method of applying the two propositions together, viz. the organ deranged, and the features of derangement, and deducing a legitimate conclusion, is, to infer that these last arose from altered sensibility of the brain.

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#### LARGE DOSES OF OPIUM IN RHEUMATISM.

[Communicated for the Boston Medical and Surgical Journal.]

I STATED, in a former communication to the Boston Medical and Surgical Journal, that when a proper opportunity presented itself, I would give an account of two more cases of rheumatism, in which large doses of opium were used. These were the first cases of rheumatic affection I ever saw. One patient, Mr. H. L., resided in E.; the other, D. S., Esq., in C. The former recovered, but the latter did not. H. L. was a young man, perhaps about twenty-five, of not a very robust constitution. He had been affected with moveable pains and swelled joints a week when I saw. Fever, rather of the typhoid type, had been seated upon him two or three days when I was first called. Thinking it "nothing but rheumatism," as they expressed themselves, they did not send for a physician as soon as they otherwise would have done. They would not have sent as soon as they did, had it not been for a profuse hæmorrhage from the nose, which they could not stop. My place of residence was six miles from his, and the hæmorrhage lasted from the time it commenced till after my arrival. It was suppressed by styptic applications externally and locally, and by pills of acetate of lead, opium

and ipecacuanha internally. It was judged by those who were present that he lost four quarts of blood; but as blood shows more than it really is, this was probably an erroneous judgment. The treatment afterwards was the same as that of the other cases which I have mentioned. This produced a mitigation of the pain and swelling, a gentle but continued diaphoresis, and the same sort of pleasurable sensations which were spoken of in my other communication. As the disorder had become so firmly seated, neither the pain, the swelling nor the fever could be entirely removed. Sometimes every joint was swollen, and sometimes only those of a particular limb. After commencing with the course above mentioned, he suffered not much if he kept still, but if he moved an inch without the greatest caution, the pain was excruciating.

In addition to the remedies prescribed for the rheumatic affection, the fever, as may well be supposed, had to be looked to. This, as it was treated in the common way, need not be commented upon. For about a week he was as comfortable as could be expected, the effects of the treatment being pretty much what they were in the cases named in my other communication. The fever, however, somewhat increased, and from this cause, as I supposed, he was seized a second time with hæmorrhage from the nose. The loss of blood was great—so great, that I am unwilling to state what the opinion was in regard to it. Suffice it to say that it was suppressed as readily as in the former instance, and by the same remedies. I continued the opium course, but owing to the severe rheumatic affection, the fever and loss of blood, such a degree of subsultus tendinum presented itself, that every joint and every muscle was in motion. In the course of three weeks from the time I first saw him, the fever and swelling subsided, and the subsultus tendinum disappeared. Soon he began to talk of nourishment; and gruel, rice water and weak broths were allowed him. There had been a want of color in his face, but now, perhaps from the food that had been given him, there was a flush upon it. The fever, which had pretty much left him, again exhibited itself. His pulse were full and hard, and rheumatic affection was again exhibiting itself in his joints. I was somewhat at a loss what to do, and was about to make a proposition for another physician to be called. His pulse being hard and full, I thought it would do no harm to bleed; I therefore took a pint from his arm, and from this time he continued to recover. His recovery, owing to his debilitated state, was slow, but constant. From the healthful diaphoresis and other favorable effects of the medicine, there can be no doubt that the opium course was a useful one, and the only one which, aided by any other remedies, would have effected a cure. In regard to the hæmorrhage, it was the opinion of Dr. W., an eminent physician in the district where I belonged, that he would not have recovered had it not been for this. "You would not have dared to bleed him," said he, "so much as his case required."

The case of D. S., Esq. was not deemed, at its commencement, so severe as the preceding. There was no hæmorrhage, and the fever was not so much of the typhoid type. The pain, swelling, redness and heat were equal to what they were in the other. I bled him twice,

largely, and made use of the same treatment in addition to this, which has been mentioned in my account of the other cases. He was a person of a more robust and athletic constitution than the person of whom I have just spoken. Never, in any case, was there anything done that seemed to have a more favorable effect than this treatment. An abatement of the fever, subsidence of the swelling, pain and redness, diaphoresis, the softening and diminished frequency of the pulse, all promised very decidedly a favorable prognosis. His tongue was less coated, mouth moist, intestinal and urinary excretions regular, and every symptom favorable—much more so than in the case I have just treated of at the same period of the disease. He was weak and somewhat debilitated, to be sure, and on this account, Dr. R., of P., a physician considered by many to be very skilful in raising up, or “patching up,” as he himself expressed it, weak patients, was proposed as a proper person to be sent for as a consulting physician. He had the reputation of being a regular physician, because he belonged to the Medical Society, but in practice he was more than half quack. One half of the people believed in his superior medical attainments, and the other half believed him more conceited than learned, more confided in by people of an insufficiency of discernment, than worthy of confidence. He practised according to the Brunonian theory, and of course, as he patient was low and considered to be debilitated, he must have wine, bitters, and bark. These were administered, and in twenty-four hours the skin was dry and husky, the mouth was parched and furred, and the pulse were hard and wiry. In a week all the bad symptoms were so much aggravated, that it was deemed improper, even by Dr. R.’s admirers, to continue his course any longer. At my suggestion, Dr. W., the physician before referred to, was sent for. He had attained such eminence as a physician, that even Dr. R. had to quail under him. Rather than do this in the present instance, he declined coming any more. Dr. W. agreed with Dr. Armstrong in regard to depleting remedies, and of course thought it best to bleed. Generally his practice in regard to this was very judicious; but in the present case, on account of its having been resorted to at so late a period, I have always been fearful it did harm. This, as the inflammatory symptoms when he first saw him were very high, he placed much dependence upon, and resorted to very extensively. He deemed it judicious, however, to keep up the opium course, and from this, though he did not recover, his sufferings were so alleviated, that he would never say that he experienced any pain. For the greatest part of the time *while he was sick*, if he moved carefully he was free from pain. Not only was he free from bodily suffering, but from mental likewise. He enjoyed himself, according to appearances, as well as though he had been in perfect health. On asking him how he did, he always said he was better, and would, in a good natured and pleasant way, say something to make you laugh. After the first few days, he never expressed any uneasiness of mind but once, and that was occasioned by the following circumstance. He was a candidate for office, and it being election day, thinking he might experience some solicitude about it, in allusion to it, I told him I supposed he would



be as likely to obtain the election as though he was well. "I am sorry," said he, "you mentioned this. I have not felt so bad before since I was sick." He had now got to be pretty weak, and as I saw him afterwards shed tears and exhibit other symptoms of nervous excitement, I considered the sensorium somewhat affected. He died in four days afterwards, but never apparently suffered much either from bodily or mental pain, except in the instance alluded to. The advantages of opium can be perceived, even in these cases. In the first, I think it was so requisite as a medicine, that without it the patient never would have recovered. In the last, though it effected not a cure, it rendered the bed of death easy. Had it not been for the unphilosophical and unjustifiable practice of Dr. R., there cannot be much doubt that he would have got well.

It was mentioned in my other communication that one thing more would be mentioned in favor of this practice. Dr. W., of a neighboring town, had practised, successfully, as he said, bathing in ice water for the rheumatism. I asked him in what way such a remedy could be successful. "By producing such a torpor of the vessels that were inflamed, that they could not recover themselves sufficiently to resume the inflammatory, or increased action. Bathing for a short time only, will not effect a cure. The inflammation would be rather increased than relieved. By continuing it for a sufficient time, the heat and redness are first driven away, and afterwards the swelling and pain, and in one instance out of twenty they would scarcely be likely to recur." Though I considered this practice dangerous, I thought that opium, in connection with other remedies, might be used to such an extent, and be so long continued, as to operate in this way, and in most cases effect a cure without running the risk of doing harm. SAMUEL FISH.

*Boston, August 4, 1837.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 23, 1837.

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### DISEASES OF NEW ORLEANS.

FROM Dr. E. H. Barton's interesting address on *acclimation*, which has already been alluded to in the Journal, we take the following remarks on the diseases of New Orleans.

"Fortunately, our climate is subject to no great variety of diseases that are indigenous, when compared with other portions of our country, a large proportion of our complaints having other sources, many of the afflicted coming here for the benefit of climate. And if our acclimation is sometimes severe, it is the only ordeal we have to pass through—no such immunity is enjoyed in the northern portions of the United States—no period of acclimation can protect the pulmonary organs of

the natives or emigrants from a scourge that yearly takes off, in some of their healthiest cities, 1 in every 4.52 of their deaths.

"It is impossible to obtain correct data in order to give precise details upon the subject of our own diseases. The nearest approach to it is derived from the imperfect records of the Charity Hospital, which furnishes about one in 3.86 of our annual mortality. In comparing the detail derived from that source, it will result that pulmonary consumption, which carries off in the northern cities 1 in every 5 or 6 of their deaths, is here fatal to about 1 in 50, few of which doubtless originated here. Pulmonary diseases in general, which in the northern cities carry off near 1 in every 4 of their deaths, is here fatal to about one in 30, of which about one third were acclimated, furnishing, in fact, a ratio of pulmonary diseases to the entire mortality of that house, probably unprecedented in any country, and in private practice it is probably less.

"Of the class *fevers*, the great mass of our mortality consists—these records show the proportion of 1 in every 2.92 of the entire mortality of the house, and the estimates are taken from years of the greatest mortality that ever occurred in this country. But it must not be forgotten that a large proportion of this consists of the unacclimated—the exposed and besotted, of which New Orleans has a larger ratio, probably, than any city in the Union. From a statement from the books, it appears that there were actually of unacclimated individuals nearly four fifths of the whole. The mortality of the acclimated population in the house from fevers, to the entire mortality, is 1 in 29.02, and of the unacclimated there appears a proportion of 1 in 6, and the cost of acclimation through fever, so far as these returns furnish an estimate, is annually about 131—and if the relative proportion in this house to the entire city mortality be correct in this respect (in fact much the largest portion die in the Charity Hospital), the annual mortality in the city through acclimation may be estimated at about 507; and be it recollected, however, that the estimate embraces one of the epidemic years (1832).

"The mortality in early life in Philadelphia, is about one half the entire mortality, and so unfriendly is the climate to early life, that one half of these die within the year. We have no data of our own with which to compare it. I feel very confident, however, that it does not exceed one fourth of these proportions. It is almost useless to stop to lament these deficiencies. For want of them we know not the mean duration of life—the chances of living—when we are traduced by all the world for the precariousness of existence here, when but a little trouble would give the exact truth; nor the cost of acclimation, circumstances indispensable to insurance. Indeed, no record could be more valuable and interesting to the country. Oblivious darkness as to the past shrouds and must ever shroud it—no laborious research, no searching scrutinies can throw much light upon it. We are all so absorbed in the future, that little thought is given to the past. This, to be sure, is not true wisdom; we are leaving out the most important data with regard to our progressive condition, and blunder on in ignorance and uncertainty. Were such data present to *prove* that the health of the place is actually and materially ameliorating, of which there cannot be a doubt, but there is wanting the *official* proof to convey to and produce conviction on others, millions might be added to the value of our property, and the city would become duly appreciated.

"The period of removal to any climate is when the temperature of the country you move from is, in the revolution of its seasons, the nearest to

that you are moving to. And the reason is obvious, because the calorific process will have been most on a par with both, will have equalized itself with the temperatures actually existing, and there will be, consequently, the least shock to the system. If you are moving to the north, you should seize the period when our mild winter is closing its march, and a few weeks of travelling would hardly leave you conscious of any change. On the contrary, if it is your intention to remove south, from the northern and middle States, the temperature of their late autumnal seasons is much the same as that of our winters; hence that is the safest period for removal south, as the system will have already measurably accommodated itself to the condition existing here, and the reduction incidental to a calorific process at its maximum, would be but partially required.

"The inquiry so often made—how long a period is required for the acclimating process, and what assurance have we that it is past?—is not so easily answered, to a mathematical certainty, but sufficiently so for all practical purposes. There are various compound considerations to influence it—the temperament of the individual—his habits and modes of life—the more or less northern his place of departure, &c. Following the directions and governed by the principles here laid down—three years, at the farthest, may be considered a fair period for this much valued immunity. But it may be acquired in less—a severe or protracted attack of febrile disease may reduce the tone of the system to that condition to which a long residence in a warm climate subjects us all.

"It has been most erroneously supposed that this probationary period must be accompanied with fever to procure the rewarded acclimation, and many are most reckless of their health, regardless of all prudential considerations, presuming there is no other road of safety but through this much dreaded one. It is often a fatal error, for it is most obvious that *however* that condition of constitution is acquired by which this much dreaded result is obtained—the end is the same, immunity, influenced very much by his conformity or departure in his habits and modes of life, from those principles already laid down. There is no secret or system about it, nor is there any specific inoculation necessary. It is most true, that much the largest portion pass through this ordeal, and the reason is as obvious as the prevalence—there is departure from those hygienic rules and restrictions, that so wonderfully, yet rationally adapt the yielding system of man to the requirements of a different order of things, and he pays the penalty accordingly."

The average winter temperature of New Orleans, during the years 1833, '34, '35, and '36, as shown by Dr. Barton's meteorological tables—the height of the thermometer being taken at sunrise, mid day, sunset, and ten at night—was 53.17. The spring average, 66.06; summer average, 79.76; fall average, 68.73. Average for the year, 66.93.

**Plague.**—When this dreadful scourge was introduced into Malta, the last time, from the Sultan's dominions, the crew of the vessel which carried it was in excellent health, and the cargo in good condition. The Board of health, however, ordered the ship into quarantine for observation. A botcher of old shoes, in sailing round the anchored vessel in a small boat, discovered a piece of neat's leather round the cable, placed there to keep the edge of the hawser hole from chafing the threads,

which his avarice, one evening, prompted him to steal. By handling the leather, the cobbler became the first victim. Soon after he was taken, the plague spread with alarming rapidity, and for nine entire months raged with unabated fury, till there was nothing left on which it could feed; and the pestilence, the most horrible in the annals of the Knights of Malta, then subsided. All this while, not a person suffered who arrived in the unfortunate ship. It was the decided opinion of all persons conversant with the character of the plague, that if the leather had not been touched until after a few days' exposure to the air in the quarantine roadstead, the something which propagated the scourge would have been dissipated, and no damage resulted from discharging the cargo in the usual time. A fact of this kind is the government's apology, in Sicily, for the long quarantine imposed upon vessels coming from countries in which the plague is developed.

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*Dublin Medical Journal.*—The editor of that excellent publication has learned, with considerable surprise, that all the numbers due at this office for the last nine or ten months, were carefully packed away at Messrs. Longman, Rees & Co.'s, at London, who, with the almost innumerable ramifications of their extensive business, could not find a conveyance to Boston! The letter of June 11th, apprising us of this stupid mode of doing business, has just been received. Our Dublin friends will much oblige us by forwarding through some channel a little more certain than the London house referred to. If gentlemen of other countries with whom we have an exchange intercourse, would take a little trouble to inquire whether an American vessel is in port at the time their packages are made up, we should sometimes anticipate the foreign bookseller's quarterly budget, by one or two months, a point of considerable importance to an editor. We regret to say, also, that not a single copy of the *India Medical Journal* has been received here for the last six months.

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*Professorship of Chemistry.*—Within a few days it has been rumored that Dr. Page, of Salem, has had the offer of a chair in the University of a neighboring State. His services would be an acquisition to any college. To untiring ardor in scientific pursuits, he adds a tact which but few have, for imparting his knowledge to others. His style of lecturing is particularly happy, and always appropriate. We should not have presumed to have spoken so freely and decidedly of his qualifications for public teaching, had we not often listened with unfeigned pleasure to his discourses.

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*Prize Questions.*—Dr. Holmes has again won two of the Boylston prize medals. It is almost useless to contend with him in an enterprise of this kind. We are anxious to read the dissertations, and have been waiting in full expectation of hearing something further from the manuscripts; but as yet the printer seems not to have had them.

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*Enlargement of the Thymus Gland.*—Dr. Roberts, of New York, relates a fatal case of this disease, in his practice, similar to the one recorded in a late No. of this Journal. The gland weighed, after removal, one ounce and four grains. Its greatest length and breadth were three inches, and the thickest part fully half an inch. The case is detailed in the *Philadelphia Journal*.

**Singular Case of Aneurism.**—An extraordinary case of aneurism has been referred to in the papers of the day, which is represented to have occurred at New Haven, Ct. The particulars, as far as we can judge, would be interesting to the profession, and we were in hopes of receiving them, ere this, in a form which would warrant their publication in the Journal.

**Sickness among Emigrants.**—Smallpox, ship fever (analogous to jail fever), together with scarlet fever and erysipelas, reign triumphant in almost every vessel which arrives with emigrants on the American shores.

**Pulmonary Consumption.**—E. C. Cooper, M.D., of New York, gives notice in the newspapers that he has been very successful in the treatment of chronic bronchitis and the incipient stages of consumption.

"The treatment is the administration of sulphate of copper in nauseating doses, combined with gum ammoniac, given so as to nauseate but not ordinarily to produce full vomiting; the usual dose for this purpose is about half a grain and five grains of the respective ingredients, in a teaspoonful of water, to be taken, at first twice, and in the convalescent stages once a day.

"In cases of chronic bronchitis a gargle of the sulphate of copper alone is superadded. In this latter form of consumption, this treatment almost invariably suspends the hectic symptoms in a few days, and the disease rapidly advances to its final cure.

"In cases of the more proper forms of consumption, the treatment must be intermitted frequently and again returned to, and whenever soreness of the chest, or other symptoms of inflammatory action exist, the treatment should be suspended; as it is in the chronic state alone that the remedy is indicated or useful."

Whole number of deaths in Boston, for the week ending Aug. 19, 58. Males, 30—Females, 28.  
Consumption, 1—cholera infantum, 10—disease of the heart, 1—scrofula, 1—feebleness at birth, 1—dysentery, 3—dropsy, 1—lung fever, 1—hysteria, 1—disease of the brain, 1—delirium tremens, 1—diarrhoea, 1—cancer, 2—inflammation of the bowels, 2—apoplexy, 1—chronic diarrhoea, 1—bronchitis, 1—inflammatory fever, 1—hydrocephalus, 1—teething, 1—dropsy in the head, 1—typhus fever, 1—enteritis, 1—canker in the bowels, 1—hooping cough, 1—croup, 1—sudden, 1—scarlatina, 1.

#### MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.

	Fees.
Anatomy, and the Operations of Surgery, by JOHN C. WARREN, M.D.	\$15
Chemistry, by JOHN W. WENSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,

Boston, July 5, 1837.

11 Nov. 1.

Dean of the Faculty of Medicine.

COLLEGE OF PHYSICIANS AND SURGEONS of the Western District—Fairfield, Herkimer county, N. Y.—The Annual Course of Lectures will commence on the first Tuesday in October, and continue sixteen weeks. The lectures will be delivered as follows.

On Chemistry and Pharmacy, by	JAMES HADLEY, M.D.
On Anatomy and Physiology, by	JAMES McNAUGHTON, M.D.
On Materia Medica and Medical Jurisprudence, by	T. ROMEYN BECK, M.D.
On the Practice of Physic and the Diseases of Women and Children, by	JOHN DELAMATER, M.D.
On Surgery and Obstetrics, by	REUBEN D. MURRY, M.D.

The advanced age and increasing infirmities of Professor Willoughby, President of the College, will hardly allow him to lecture during the ensuing term, and the course formerly given by him will therefore be given by Professor Mussey.

Price of tickets for the whole course, \$56. The professors are provided with ample collections to illustrate their lectures, and every facility is afforded for the practical acquisition of the profession.

The board is as low, if not lower, than in any other village in the State. Additional information, if needed, may be obtained by applying to any of the professors. JAMES HADLEY, Registrar.

Aug. 16—4t

### BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.	GEORGE C. SHATTUCK, M.D.	GEORGE HAYWARD, M.D.
RUFUS WYMAN, M.D.	JACOB BIGELOW, M.D.	ENOCH HALE, M.D.
JOHN RANDALL, M.D.	WALTER CHANNING, M.D.	JOHN WARR, M.D.

At the annual meeting of the Committee on Wednesday, August 2, 1837, a premium of fifty dollars, or a gold medal of that value, was awarded to OLIVER WENDELL HOLMES, M.D. of Boston, for a dissertation on the question, "What is the nature of Neuralgia, and what is the best mode of treating it?" A similar premium, of the same value, was at the same time awarded to Dr. Holmes for a dissertation on the question, "To what extent, and in what places, has intermittent fever been indigenous in New England?"

The following Prize Questions for the year 1838 are before the public, viz.:

1st. "What are the anatomical characters of Typhous Fever, and what is the best mode of treating this disease?"

2d. "What are the causes, seat, and proper treatment of Erysipelatous Inflammation? (*Erysipelas Erysipelatosum* of Goon.)"

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1838.

The following questions are now offered for the year 1839, viz.:

1st. "The pathology and treatment of Rheumatism."

2d. "What is Scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1839.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1836, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, August 3, 1837.

A9—4t

ENOCH HALE, Secretary.

Publishers of newspapers and medical journals throughout the United States, are respectfully requested to give the above an insertion.

### BERKSHIRE MEDICAL INSTITUTION.

The Annual Course of Lectures for 1837, will commence the last Thursday in August and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	H. H. CHILDS, M.D.
Pathological Anatomy, by	E. BARTLETT, M.D.
Materia Medica and Pharmacy, by	DAVID PALMER, M.D.
Botany, Chemistry and Natural Philosophy, by	C. DEWEY, M.D.
Surgery and Physiology, by	W. PARKER, M.D.
General and Special Anatomy, by	R. WATTS, JR., M.D.
Legal Medicine, by	HON. HENRY HUBBARD.

Fee for the Tickets of all the Professors, \$50. Those who have attended two full courses at an incorporated medical school, \$10. Graduation, \$16. Board not exceeding \$2 per week.

By an act of the Legislature of Massachusetts, passed April, 1837, the Berkshire Medical Institution is constituted an *Independent Medical College*, with authority to confer degrees, and the graduates are entitled to all the privileges and immunities which pertain to the medical graduates of Harvard University.

By a vote of the Massachusetts Medical Society, passed the 31st of May last, the graduates of the Berkshire Medical Institution, are ex officio entitled to admission as Fellows of said Society.

C. DEWEY,

Dean of the Faculty.

July 19—6t

The Medical Journal office is removed to the old stand, 184 Washington Street, corner of Franklin Street.—The Title-page and Index of Vol. XVI. will be sent to subscribers with the next No.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy gratis.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.